

John & Mrs Valerie Bailey

Phoenix House

Inspection report

6 Lynn Road
Snettisham
Kings Lynn
Norfolk
PE31 7LP

Tel: 01485544415

Date of inspection visit:
30 January 2020

Date of publication:
19 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Phoenix House is a residential care home providing personal care to seven people who are living with a learning disability at the time of the inspection.

Phoenix House accommodates seven people in one adapted building over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service was not well managed, and the registered manager lacked oversight of staff training, recruitment processes, medicines management and there was not a system in place to monitor the quality of the service.

Risks had not all been identified and minimised to ensure people were kept safe. Staff had not received regular training to ensure their skills and practice was being kept up to date.

There were enough staff available to ensure people's needs were met at all times. Staff had time to support people with their interests and activities.

Staff did not have clear guidance in place that detailed what medicines people were prescribed and to ensure they were administered in line with the prescriber's instructions. We have made a recommendation to seek further guidance from National Institute of clinical Excellence (NICE) in managing medicines in care homes.

Care plans did not all provide enough guidance to ensure staff had the detail on how to provide care and support to people in line with their needs and choices. We have made a recommendation to seek further guidance from NICE on best practice.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; although the policies and systems in the service were limited.

Staff felt well supported although they had not received any refresher and up to date training.

Staff were caring in the way they supported people with their needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches in relation to medicine management, recruitment and good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Phoenix House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Phoenix Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 4 hours' notice of the inspection on the 30 January 2020. This was because the service is small, and people are often out and we wanted to be sure there would be people at the service to speak with us. We told the provider we would be returning for a second day on 11 February 2020.

What we did before the inspection

We looked at information we had received about the service since the last inspection. We asked for feedback from professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke briefly with three people who lived at Phoenix House about their experience of the care provided. We spoke with four members of staff including, one of the providers, the registered manager, the deputy manager and a member of care staff

We looked at a number of records. This included two people's care records, two people's medication records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The deputy manager was not able to show that staff had been recruited safely. There were no ID documents or photographs available. References had not been requested to ensure the suitability of the people before they were employed.

We found no evidence that people had been harmed however, the provider had not completed the appropriate checks to ensure that staff were safely recruited to the service. This was a breach of regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

- Other pre-employment checks had been undertaken. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There was enough staff to support people safely.

Using medicines safely

- Medicines were not managed safely by the staff. Care plans did not contain details for managing a person's medication. There was no information that a member of staff had been deemed competent to administer medication that was administered by injection.
- Staff did not always have sufficient guidance to enable them to administer creams and there was no information where the cream was to be applied.
- A risk assessment was not in place for people that are able to self-medicate.
- The temperature was not taken and recorded of the storage area to ensure medication remained effective.
- Medication entering and or leaving the service had not been recorded and signed for by the staff.
- We noted that there had been missed signatures and the deputy manager was unclear why this may have occurred as no audits were undertaken to ensure people had received their medication as prescribed.

We found no evidence that people had been harmed however, the provider had not always managed medicines safely, which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommended that the deputy manager access up to date guidance and best practice on the administration of medicines in care home. e.g. NICE guidance on managing medicines in care homes.

Assessing risk, safety monitoring and management

- On day one of the inspection comprehensive risk assessments had not been completed, for example, where people are able to go into the community on their own
- On our second day of the inspection, the deputy manager had included more detailed information into the risk assessments to ensure the risk were minimised.
- The deputy manager assured us that they would ensure that all risk assessment would be reviewed for all the people that lived at Phoenix House.

Systems and processes to safeguard people from the risk of abuse

- People acknowledged by the nod of their head when asked if they felt safe at Phoenix House.
- Staff understood and followed effective procedures to protect people from harm and abuse. Staff were aware of, and who to contact and when they would report any safeguarding concerns.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.
- People confirmed that staff used protective equipment appropriately.

Learning lessons when things go wrong

- The deputy manager stated that there had been no incidents or accidents since the previous inspection. The deputy manager explained the process in place for staff to report incidents or accidents should they occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Between our first day and our second day of the inspection, a person had been admitted to the service for a short stay. The registered manager had not undertaken a full assessment of need. They had received very basic information about the person on a few slips of paper. The information gave an indication that the person may show signs of behaviour that may be challenging to themselves and others. No guidance had been put in place.

We have recommended that the deputy manager consider current guidance on assessing people's needs prior to admission and update their paperwork to reflect this.

Staff support: induction, training, skills and experience

- Staff told us they had not received any refresher training for over two years. This included subjects such as safeguarding, first aid and fire safety. The deputy manager told us they would look to arrange joint training with another service in the area to ensure staff had up to date knowledge of good practice.
- Staff told us they did not receive formal supervision, although they felt well supported by the management team and were confident to ask any questions at any time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed they had a basic understanding of the principles of the MCA. For example, they had ensured

people were given choices in their care and support at all times.

- No-one at the service was subject to a DoLS.
- The deputy manager told us they would speak with local authority to arrange training to ensure they fully understood the principles and their responsibility to put forward applications in the future.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat a balanced diet. We observed that food looked and smelled appetising and was enjoyed by people. People were offered a choice of what they wanted to eat and when. They were offered regular snacks and drinks.
- People were supported with their specific dietary needs such as diabetes.
- People were positive about food. People when asked if they enjoyed their food smiled and said, "Yes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals when they needed to.
- Records of health appointments and professional involvement were documented.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also had a choice of furniture and fittings for the service.
- A new bathroom had recently been upgraded and re-decorated.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared people or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care. Although, the provider did not have systems in place to ensure people were safe from harm. Risk assessments and care plans had not all been reviewed, and staff did not receive up to date training.
- People were supported by staff who knew them well. Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People continued to be fully involved in making decisions about their care and support.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and meal preparation from time to time.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the service and provided transport for people to visit their relatives at their home
- People had access to advocacy services should they need additional support with making decision and or choices about their lives. An advocate is independent and supports the person to express their views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- On the first day of the inspection, care plans did not contain enough detail to provide staff with the information on how people chose and preferred to be supported.
- On the second day the deputy manager had started to update the care plans, which included detailed and personalised information. They have assured us they will ensure all care plans will be updated and contain detailed personalised information.
- Staff we spoke with knew people well and were familiar with their daily routines and preferences. For example, staff told us when people preferred to get up and go to bed and if people preferred a shower or a bath.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyle.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to occupy their time when they stayed at the service. We saw people relaxing in their rooms and watching television in the lounge. There were plenty of items available, such as books and magazines. During the inspection some people went out to have a meal and, on their return, told us how much they had enjoyed it.
- Staff supported people's social needs. One member of staff commented, "They are like my family and we do what they choose to do. We go to the local pub and are involved in the local community."
- People had enjoyed holidays with others in the service and with the support from staff. Some people were in the process of planning future holidays.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service. People were encouraged to feedback anything they were not happy with, either individually or during the house meeting.

End of life care and support

- At the time of the inspection there was no one at the service receiving end of life care.
- People's end of life wishes were being sought and documented as part of the on-going review of people's care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The service was not well managed. The registered manager lacked oversight of staff performance, training, recruitment processes, and there was not a system in place to monitor the quality of the service. The registered manager was an active member of staff on the floor providing care, this meant there was less time for managing their own responsibilities.
- There were no audits to ensure the quality of the service, as areas found for improvement during the inspection had not been identified.
- We fed these findings back to the deputy manager who said that they would put plans in place to improve the monitoring of the service.

We found no evidence that people had been harmed however, the provider had failed to monitor and improve the quality and safety of the services provided. The provider had failed to maintain accurate and complete records. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team were passionate about supporting people in a person-centred manner. Our observations during the inspection showed that staff knew people well and always ensured that people were happy with their care and support.
- People were very much part of the local community and spent time out and about doing various activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff members were positive about the management of the service. One staff member said, "I feel very supported."
- A weekly house meeting takes place and it is a time for the people living at Phoenix House to discuss the plans for the coming week, menu planning and a chance for people to raise any concerns or issues they may have.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal obligations for notifying the CQC of important events. They have had no events that have required CQC to be notified.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that there were safe processes in place for the management of medicines. Regulation 12 (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b) (c) (f)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure robust recruitment is in place. Regulation 19 (1) (a)(b)(c) (3) (a) (b)